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COVER LETTER

Divis	ion of Corp	oorations			
CHD IPCT.	Auburn	Heights Properties, LLC.			
SUBJECT: _	<u> </u>	Name of Limi	ited Liability Company	, <u> </u>	
The enclosed z	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspor	dence concerning this matter	to the following:		
		John B. Rogers			
			Name of Person		
		Crestview Mini Storage	I, LLC.		
	Firm/Company				
		601 N Ferdon Blvd			
			Address	····	
		Crestview, FL 3253			
			City/State and Zip Code	<u> </u>	
		brflaseptic@gmail.com			
		E-mail address: ()	to be used for future annual	report notificat	ion)
For further inf	ormation co	ncerning this matter, please ca	all:		
John B Roger	s			7-7200	
	Name of	Person	at () Area Code	Daytime Te	lephone Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fil		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET	T/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Auburn Heights Properties, LLC.	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{L07000048232}{L07000048232}$.	ed on 5-7-07 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	npany <u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2019
Enter new mailing address, if applicable:	RETARY HASSE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ਦੂਸਾਂ ਦ dress on our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
City	Zip Code

New Registered Agent's Signature, il changing Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John B Rogers	601 N Ferdon Blvd Crestview, FL 32539	■ Add
			Remove
MGR	Kellie L Wilsdorf	601 N Ferdon Blvd Crestview, FL 3253	■ Add
			☐ Remove
			Change
			
			Remove
			Change
			Remove
			Change
			Add
			🗖 Remove
		<u></u>	☐ Change
			Remove
			Change

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Filing Fee: \$25.00